

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/581 990 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5						
6		1				
7		1				
8		2				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
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18		3				
19		3				
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND:

TOTAL DEP:

TOTAL CLAIMS

U.S. DEPARTMENT OF COMMERCE  
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